



CITY OF PASADENA



CITY SECRETARY'S OFFICE
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PUBLIC INFORMATION REQUEST

DATE: _____ EMAIL: _____

Requestor's Name: _____

Address: _____

Numbers: (Phone) _____ (Fax) _____

Agency Name: _____

Agency Address: _____

DESCRIPTION OF THE INFORMATION YOU ARE REQUESTING

*Do you agree to allow the City to redact confidential information under a mandatory exception without requesting a ruling from the Texas Attorney General?

YES ____ NO ____

*Do you agree to allow the City to redact information that may be subject to a discretionary exception to disclosure without requesting a ruling from the Texas Attorney General?

YES ____ NO ____

REQUESTOR'S SIGNATURE: _____

****NOTE****

Requests will be processed based upon the work demands of the Office of the City Secretary and will be handled with expedience and within the ten (10) business-day period as required by Texas Open Records Act Section 552.221(a), (b), (c) and (d).